

Alabama Hospice Organization *presents*

"Alabama Medicaid Hospice Medical Criteria" Certifying and Documenting Correctly to Help Ensure Proper Reimbursement under the new Medicaid Hospice Medical Criteria

Facilitated by: Alabama Medicaid Agency Staff

Hosted by: The Alabama Hospice Organization

Tuesday, November 15, 2005 - Vaughn Park Church of Christ, Montgomery
Wednesday, November 16, 2005 - Faulkner University Chapel, Montgomery
Thursday, November 17, 2005 - Alacare Corporate Office, Birmingham
8:30 a.m. ~ 3:30 p.m. CDT (both locations)



Following the workshop, Participants will be able to:

1. Determine appropriateness of hospice election / recertification based on new Medicaid hospice medical criteria and Identify Medicaid recipients who are not appropriate for the Medicaid hospice program
2. Explain documentation requirements to substantiate hospice election / recertification
3. Identify and describe how to access reference materials, such as the Alabama Medicaid Provider Manual
4. Contact appropriate Medicaid staff or EDS staff with questions regarding the hospice program and billing

On June 16, 2005, the new Alabama Medicaid Hospice Medical Criteria became effective. All Alabama hospice providers are required to use these criteria when determining medical necessity for Medicaid recipients electing the hospice benefit when Alabama Medicaid is the primary payor.

The Alabama Hospice Organization, in partnership with the Alabama Medicaid Agency, is pleased to bring to hospice providers this workshop series to discuss the Medicaid Hospice Medical Criteria and its application to help providers understand the significant changes these criteria bring to daily hospice practice.

The first workshop will take place on Tuesday, November 15, 2005 at Vaughn Park Church of Christ in Montgomery, Alabama. The second workshop will take place on Thursday November 17, 2005 at Alacare Corporate Offices in Birmingham, Alabama. *The same presentation will be made at each location.*

Workshop participants will hear firsthand information regarding the new Medicaid Hospice Medical Criteria. A comprehensive review of criteria will take place. Providers will be given the opportunity to interact directly with Medicaid Staff involved with the medical review process. Providers will also gain insight into how they may need to change their documentation processes to comply with the medical criteria.

Who should attend? The Medicaid Hospice Medical Criteria touch all aspects of hospice care. Administrators, Managers, Clinical Coordinators, front-line staffers and other members of the hospice team are encouraged to attend.

Continuing Education: Contact hours are available to attendees of this workshop. Alabama Hospice Organization is an approved provider of continuing education to nurses by The Alabama State Board of Nursing - ABNP #1070; to social workers by the Alabama State Board of Social Work Examiners; and to Licensed Private Counselors (LPCs) by the National Board for Certified Counselors, Inc. - NBCC #5929.

Registration and Payment Information: Pre-registration is required. Space is extremely limited. Registration is \$35 per person. Registration includes lunch and morning refreshments and workshop materials. **Registrations must be received by 5:00 p.m. CT Monday November 7, 2005. Fax your registration form to Alabama Hospice Organization today at (205) 668-0470.** For more information, call (800) 355-1973 or email info@alhospice.org. You may also mail your registration to PO Box 1835, Calera, Alabama 35040. **Hotel Reservations and Directions:** Please contact local hotel directly for information regarding reservations, rates and directions. *Note: special room blocks were not secured for these workshops.* Directions to meeting locations will be sent with registration confirmation.

Registration Form

Need more room? Just attach a second sheet!

Agency Name _____

Address _____

Email Address _____

Phone _____

Fax _____

Location:

☐ Montgomery - Vaughn Park
Church of Christ on November 15

☐ Birmingham - Alacare Corporate Office on
November 17

Primary Participant _____

Additional Participant _____

Additional Participant _____

Additional Participant _____

Additional Participant _____

Method of Payment

☐ Check

☐ MasterCard

☐ Bill Me

☐ Visa

☐ American Express

Credit Card # _____

Exp. date _____

Authorized Signature (Required for Credit Card Payment and Invoiced Registrations) _____

Total Enclosed: _____